

IN-5597

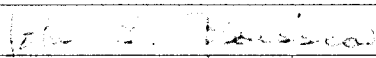
DECLARATION —	Utility or Design Patent Application
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POWER OF ATTORNEY

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<div style="border: 1px solid black; padding: 5px; text-align: center;"> 26922 PATENT-TRADEMARK OFFICE </div>	or <input type="checkbox"/> Correspondence address below
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I, (WE), hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])	John E.			Family Name or Surname	BOISSEAU		
Inventor's Signature				Date	7/15/09		
Residence: City	Bloomfield Hills	State	Michigan	Country	United State of America	Citizenship	American
Mailing Address	2071 Birchland Drive						
City	Bloomfield Hills	State	Michigan	Zip	48302		

Name OF SECOND NVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])	Swaminathan			Family Name or Surname	RAMESH		
Inventor's Signature				Date	6/25/09		
Residence: City	Canton	State	Michigan	Country	United State of America	Citizenship	American
Mailing Address	47417 Stratford Drive						
City	Canton	State	Michigan	Zip	48187		

Please type a plus sign [+] inside this box →

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with initial Filing or <input type="checkbox"/> Declaration Submitted after initial Filing (surcharge (37 CFR 1.16 (e)) required	Attorney Docket No.	IN-5742	
	First Named Inventor	John E. BOISSEAU et al.	
	COMPLETE IF KNOWN		
	Application Number		
	Filing Date	September 30, 2004	
	Group Art Unit		
		Examiner Name	

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention **entitled:**

SILANE-MODIFIED UV ABSORBERS AND COATINGS

(Title of the Invention)

The specification of which:

☒ is attached hereto

☐ Was filed on _____ as United States Application Serial Number _____ .
was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35, U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365 (a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate, or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date DATE/MONTH/YEAR	Priority Not Claimed	Certified Copy Attached? Yes No	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application number are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

☒ I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER(S)	FILING DATE	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
County	United States of America	Telephone (248) 948-2021 Fax (248) 948-2093

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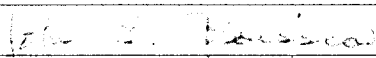
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